# DISEASE OF SUSPECTED WATERBORNE ORIGIN (clusters only)

Two or more cases of a confirmed or suspected illness determined to be associated with water is immediately reportable as a disease of suspected waterborne origin.

#### DISEASE REPORTING

# In Washington

DOH receives 0 to 3 reports of waterborne outbreaks per year, involving approximately 0 to 300 ill persons.

Outbreaks of illness after consumption or use of water intended for drinking, as well as outbreaks associated with exposure (ingestion, contact or inhalation) to recreational water - excluding wound infections - caused by water-related organisms are reportable to health authorities. Organisms causing waterborne outbreaks include Norwalk-like viruses (NLV), *E. coli* O157:H7\*, hepatitis A\*, Pseudomonas, *Cryptosporidium*\*, and *Giardia*\*.

\* Individual cases are also reportable; see specific disease guidelines for more information.

# Purpose of reporting and surveillance

- To identify sources of transmission (e.g., a public swimming area) and to prevent further transmission from such sources.
- When the source is a risk for only a few individuals (e.g., a private well), to inform those individuals how they can reduce their risk of exposure.

### Reporting requirements

- Health care providers: immediately notifiable to Local Health Jurisdiction
- Hospitals: immediately notifiable to Local Health Jurisdiction
- Laboratories: see disease-specific requirements
- Local health jurisdictions: suspected or confirmed outbreaks are immediately notifiable to DOH Communicable Disease Epidemiology: 1-877-539-4344

## CASE DEFINITION FOR SURVEILLANCE

# **Outbreak Definition**

- Confirmed: Laboratory evidence of a specific agent.
- Probable: In the absence of laboratory evidence, if the following criteria are met, the cluster is reportable as a probable outbreak.
  - Water identified as source of illness, and

 Clinical syndrome compatible with defined etiologic agents associated with waterborne illness.